

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 037 ***138.75

DOCUMENT # L02000021081

1. Entity Name
SPERBER PROPERTIES, LLC



Principal Place of Business
**327 CLEMATIS STREET
WEST PALM BEACH, FL 33401**

Mailing Address
**327 CLEMATIS STREET
WEST PALM BEACH, FL 33401**

60017214



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

13-4233723

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPERBER, MORRIS W
327 CLEMATIS STREET
WEST PALM BEACH, FL 33401**

Name **Susan Allen**

Street Address (P.O. Box Number is Not Acceptable)

327 Clematis Street

City **West Palm Beach**

FL

Zip Code

33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan Allen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-18-2008

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Delete
NAME **SPERBER, MORRIS W**
STREET ADDRESS **327 CLEMATIS STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **SPERBER, MICHAEL W**
STREET ADDRESS **327 CLEMATIS STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☒ Change ☐ Addition
NAME **Sperber, Michael I.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **ALLEN, VALERIE S**
STREET ADDRESS **327 CLEMATIS STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **EMERSON, LEAH S**
STREET ADDRESS **327 CLEMATIS ST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☒ Change ☐ Addition
NAME **Emerson, Roslyn L.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Susan Allen

SUSAN ALLEN

3-18-2008

561-655-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #